

# Financing CHW Systems at Scale in sub-Saharan Africa: Workshop Report

**September 2015**



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## Acronyms

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1mCHW – One Million Community Health Workers (Campaign)

BT – British Telecom

CGC-E&S – Columbia Global Center – East & Southern Africa

CHAI – Clinton Health Access Initiative

CHW – Community Health Worker

DFID – Department for International Development

EWEC – Every Woman Every Child

FTT – Financing Task Team

GFF – Global Financing Facility

GHS – Ghana Health Service

GHWA – Global Health Workforce Alliance

GSK – GlaxoSmithKline

iCCM – integrated Community Case Management

KOICA – Korea International Cooperation Agency

MCSP – Maternal and Child Survival Program

MDG – Millennium Development Goal

MOF – Ministry of Finance, Economics, etc.

MOH – Ministry of Health

MSH – Management Sciences for Health

MVP – Millennium Villages Project

NFM – New Funding Model

NGO – Non-Governmental Organization

NHIS – National Health Insurance Scheme

NSP – National Strategic Plan

PFS – Pay for Success

PBF – Performance-based Financing

RMNCAH – Reproductive, Maternal, Newborn, Child, and Adolescent Health

RBF – Results Based Financing

SDG – Sustainable Development Goal

SDSN – Sustainable Development Solutions Network

SIB – Social Impact Bond

SIF – Social Innovation Finance

SSA – sub-Saharan Africa

UHC – Universal Health Coverage

UNFPA – United Nations Population Fund

UNSEO – Office of the UN Special Envoy

USAID – United States Agency for International Development

WHO – World Health Organization

## Acknowledgements

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This report was prepared by the One Million Community Health Workers (1mCHW) Campaign Secretariat to summarize the proceedings of the workshop *Financing Community Health Worker Systems at Scale in Sub-Saharan Africa*, held in Accra, Ghana June 9-11, 2015.

The workshop was made possible by the generous support from the Novartis Foundation, the philanthropist and Campaign board member, Dr. Betsee Parker, and The White Feather Foundation (TWFF). It was held in collaboration with the Ghanaian Ministry of Health (MOH) and the Ghana Health Service (GHS) with the aim to bring together MOHs and Ministries of Finance (MOFs) from across sub-Saharan Africa (SSA) to discuss financing and resource mobilization for the scale-up and deployment of community health workers (CHWs).

The 1mCHW Campaign Secretariat would like to extend their most sincere gratitude to those individuals and organizations that made the workshop a success. We would like to thank the Government of the Republic of Ghana for hosting the workshop in Accra, and for the high-level of participation and commitment shown by the Ghanaian MOH and GHS through the national workshop planning committee. We would also like to thank the MOHs and MOFs from the 15 countries who participated in the workshop and who offered their experience and expertise in scaling-up and financing CHW programs, namely:

Burkina Faso	Liberia	Senegal
Congo-Brazzaville	Malawi	Sierra Leone
Ghana	Mozambique	Uganda
Guinea	Nigeria	Tanzania
Kenya	Rwanda	Zambia

We are also grateful for the country-based and international partners who participated and presented during the workshop, namely:

BRAC	Millennium Promise Alliance, Inc.
Brandeis University	Millennium Villages Project (MVP)
Clinton Health Access Initiative (CHAI)	Maternal and Child Survival Program (MCSP)/CORE Group
Columbia Global Center–East & Southern Africa (CGC-E&S)	Sanford International Clinics
Global Health Workforce Alliance (GHWA)	Save the Children
Harvard University-USAID-Assist Project	Sustainable Development Solutions Network (SDSN)-Health Thematic Group
Ifkara Health Institute-Telemedicine Project	UNICEF
Johns Hopkins University Bloomberg School of Public Health	United Nations Population Fund (UNFPA)
Last Mile Health/Tiyatien Health	University of Ghana School of Public Health-
Living Goods	National Health Insurance Scheme (NHIS)
Management Sciences for Health (MSH)	University of Washington
Millennium Development Goals Center-West & Central Africa (MDGC-W&C)	World Health Organization (WHO)
Millennium Development Goals Health Envoy (MDG Health Envoy)	World Vision International

Lastly, we are grateful to the donor partners who participated and provided insight on funding opportunities and potential solutions to donor coordination challenges for CHW systems in the Sustainable Development Goal (SDG) era:

British Telecom (BT)	International Finance	Novartis Foundation
Department for International	Corporation-Ghana	United States Agency for
Development (DFID)-Ghana	Johnson & Johnson	International Development
DFID-Mozambique	Korea International	(USAID)-Ghana
Global Fund	Cooperation Agency (KOICA)-	US Fund for UNICEF
GlaxoSmithKline (GSK)	Ghana	World Bank

The workshop was a great success, largely due to participants' passionate commitments to strengthening, scaling-up, and financing CHW systems. The 1mCHW Campaign looks forward to continue supporting the efforts of MOHs - in collaboration with MOFs - in scaling-up CHWs and financing health systems in effort to attain universal health coverage (UHC) in the post-2015 development era. The expertise and commitment of all the participating individuals and organizations are invaluable as we work together to make this happen.



## Executive Summary

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The *Financing Community Health Worker Systems at Scale in Sub-Saharan Africa* Workshop was jointly convened by the 1mCHW Campaign, the Ghanaian MOH, and the GHS, with generous support from the Novartis Foundation, Dr. Betsee Parker, and The White Feather Foundation, in Accra, Ghana from June 9-11, 2015. The workshop aimed to support South-South collaboration among African governments for MOH-led financing and resource mobilization for the deployment and scale-up of CHW systems. The workshop was part of a strategic sequence of events that include the Third International Conference on Financing for Development held in Addis Ababa July 13-16, 2015, and the Sustainable Development Goals (SDGs) Summit to be held in New York City September 2015.

The 3-day workshop convened 15 African countries alongside regional and global development experts to provide technical advice and facilitate country-specific planning in three thematic areas: 1) modeling CHW programs at scale for UHC attainment, 2) financing scale-up of CHW systems, and 3) funding mechanisms. With a technical focus, the workshop highlighted strategies and lessons learned from programs, policies, and research on financing CHW programs at scale. The presence of high-level MOH and MOF representatives, global technical experts, donors, and policy leaders ensured the technical knowledge shared and scale-up or financing plans developed during the workshop were comprehensive and feasible within each country's context.

Each participating country conducted three scale-up planning activities: a harmonization assessment, a growth modeling exercise, and a comprehensive CHW program costing exercise. These activities led to three key deliverables: 1) a CHW harmonization matrix assessment, 2) a CHW growth model assessment – comprised of a CHW implementation RACI Matrix and a growth-model strategy - and 3) an estimate of CHW scale-up costs. The harmonization assessment, led by World Vision International, allowed participants to assess how harmonized CHW programs are across their respective countries. The results of this exercise showed that there are great strides to be made to promote government, partner and donor coordination for CHW systems in SSA. The growth modeling exercise, led by the 1mCHW Campaign, guided countries through a growth-model assessment and was used to help inform implementation planning for CHW scale-up in each respective country. Lastly, the CHW costing exercise, which was led by MSH, guided ministerial delegates through use of the MSH CHW Costing Tool – 1mCHW Campaign Version 1.0, and provided each ministerial delegation with the opportunity to cost or reevaluate previous costing of national CHW programs.

With a total of 38 presentations from 12 of the participating country delegates and 22 organizations, academic institutions, and funding agencies, country delegates discussed experiences and challenges in scaling-up, harmonizing, and funding large-scale CHW systems. The workshop culminated with Professor Jeffrey Sachs' keynote address, "New Partnerships to Achieve Universal Health Coverage", which included "A Call to Scale-Up Community Health Workers". This global Call to Action, which was adopted through acclamation, urges all African governments, NGOs, and global leaders to recognize the need for CHWs in public health and demands the urgent need to increase international financial support for CHW systems and convert current funding into a pooled financing mechanism to support community health system strengthening. The final Call to Action can be found on the 1mCHW Campaign's website [here](http://bit.ly/1LHY6xi)<sup>1</sup>.

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<sup>1</sup> More information about the workshop and video clips can be found at: <http://bit.ly/1LHY6xi>

## Background

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A few months after its launch in 2013, the 1mCHW Campaign held its first international workshop in Ifakara, Tanzania where MOHs from 8 countries across SSA were brought together to discuss CHW scale-up within the context of health system strengthening. Countries in attendance included: Comoros, Ghana, Liberia, Malawi, Nigeria, Senegal, Tanzania, and Zanzibar, totaling over 50 participants. Participating countries emerged with draft frameworks for developing operational and financial plans to scale-up and strengthen national CHW programs. This workshop was followed with in-depth support from the Campaign for CHW scale-up strategy development and implementation planning in participating countries. Additional countries, such as Burkina Faso, Kenya and Uganda, were later supported as they joined the Campaign. Ghana, Liberia, Malawi, Nigeria, and Kenya completed first drafts of their national CHW scale-up strategies – also known as “Roadmaps” – in the proceeding months.

In April 2014, Ghana became the first Campaign country to finalize and publically release its CHW Roadmap – a comprehensive operational plan to achieve CHW scale-up over 10 years. The cornerstone of this plan is to integrate CHWs into Ghana’s existing Community-based Health Planning and Services (CHPS) program to improve access to essential health services within the community. The CHWs will be trained, managed, and properly incentivized to deliver a consolidated package of community health services, rather than various vertical disease interventions. With assistance from World Vision, the MOH, GHS, and other key stakeholders are in the final stages of developing an integrated training curriculum for this CHW cadre. This curriculum is a key step toward making the Government’s vision for integrated health service delivery a reality. In recognition of Ghana’s leadership in CHW initiatives, Ghana was nominated to host the Campaign’s second South-South Collaboration Workshop.

One common issue that emerged from the 1mCHW Campaign’s engagement with SSA governments was that financing is the biggest bottleneck to scaling-up and strengthening CHW systems. The 1mCHW Campaign decided to provide a platform for governments in SSA to discuss ways of leveraging domestic and international technical and financial resources that are currently available to develop resilient community health systems. The *Financing Community Health Worker Systems at Scale in Sub-Saharan Africa* Workshop was born from this idea, and was seen as an important platform for countries in SSA and global partners to share best practices from the numerous proven community health interventions currently implemented throughout the continent.

## Importance of Community Health Workers

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Since the 1970s CHWs have been utilized for their abilities to fight and prevent the spread of disease at the community level. Throughout the late 1970s and 80s, in the wake of the Alma Ata declaration, CHW programs were considered the centerpiece of the “Health for All” agenda<sup>i</sup>. However, inefficiencies in CHW programs emerged in the 1980s, causing CHWs to lose popularity. Since then, CHW programs have been used in limited ways, which have still had positive results. Due to the success of child survival programs, there is now a resurgence of interest in and growth of CHW programs around the world<sup>ii</sup>.

CHWs have been instrumental in reducing maternal and child mortality and morbidity, malnutrition, and HIV/AIDS. To date CHW cadres have not been officially integrated into health policy frameworks and within the mainstream health system. According to Robert Yates, UHC and Health Financing Expert from the Sustainable Development Solutions Network (SDSN), “Politicians love CHW scale-up, because it can

bring big results quickly to the entire population.” As trusted members of the community, CHWs are instrumental in promoting health awareness, reducing stigma, and fostering treatment-seeking behaviors across disease areas. Most recently, they have played a pivotal role in helping the governments of Guinea, Liberia, and Sierra Leone respond to the Ebola outbreak by serving as contact tracers (CTs) to quickly identify cases, facilitate immediate referral, and monitor contacts for the Ebola virus’ 21-day incubation period, thereby preventing further spread of the epidemic.

As the world transitions into the SDG era, CHWs are becoming a critical component in achieving UHC. However, to achieve UHC, countries will have to address existing gaps in healthcare service and delivery. Understanding this, the mission of the 1mCHW Campaign is to accelerate the attainment of UHC in rural SSA by supporting governments, international partners, UN agencies, and national stakeholders dedicated to CHW scale-up in the context of health systems strengthening.

## Modeling CHW Programs for Attainment of UHC

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### CHWs in a Changing Global Agenda

Since the realization that many of the Millennium Development Goal (MDG) indicators will not be met, there has been a renewed commitment towards utilizing CHWs in bridging health service delivery gaps, particularly in rural communities. With the upcoming adoption of the SDGs in September 2015, CHWs are critically important if countries are to reach the proposed targets for UHC, and should therefore be the focus of discussions on UHC attainment. According to Professor Jeffrey Sachs,

*“Community Health Worker systems are necessary features of effective health systems; they are necessary, they are not optional. But they are systems, so if they are handled in an unsystematic way, you won’t get very good results from them...if they are not given logistics, supervision, medicines, provisioning, training, then you won’t get results.”*

During the workshop proceedings, countries that were severely affected by the Ebola epidemic shared their experiences with battling an epidemic within a weak health infrastructure. This included challenges such as health worker infections and severe reductions in the use of health services due to fear of infection. However, CHWs have been imperative to containing the epidemic. CHWs who were immediately trained made efforts to maintain service delivery and continue to be the backbone of social mobilization efforts. A community-driven approach is essential to extending services to the “last mile”. According to Tamba Boima, the Director of Community Health Services in the Liberian Ministry of Health and Social Welfare (MOHSW), Liberian President Ellen Johnson Sirleaf, stated:

*“Our Health Workforce Plan is about building capacity at all levels – particularly at the bottom. **We will train thousands of professional community health workers to provide basic health services.** We are going to make the final push to fight Ebola now by supporting community workers to restore health services.”*

Other countries have devised alternative ways of delivering health services to keep communities at the forefront of health interventions. For example, the Kenyan government has recently decentralized its health services to the county level in accordance with the country’s new constitution, which has helped foster community ownership and leadership. Overall, a decentralized system offers a better chance for scaling up a sustainable CHW program, but advocacy and sensitization is key to its success.

To keep CHWs central in conversations around achieving UHC, a comprehensive strategy is needed and deliverables should be clear and tied to the broader health system strengthening efforts. The global community needs to develop a clearer plan for funding CHW systems, without ignoring the need to incentivize CHWs to keep them motivated. The issue of donor and NGO fragmentation also needs to be addressed. In order to have successful large-scale CHW programs, high-level political buy-in is essential to supporting CHW systems, in addition to dedication from MOHs and MOFs. According to Professor Miriam Were, Chancellor of Moi University, Kenya, Goodwill Ambassador to the Community Health Services (CHS) Unit, Kenya and 1mCHW Campaign Advisory Board Member, “the community is the first institution”.

### **Human Resource for Health (HRH)**

The Global Health Workforce Alliance (GHWA) and World Health Organization (WHO) AFRO have called for a paradigm shift on future health employment and economic growth, specifically focusing on how the global health community plans, educates, deploys, and rewards health workers. Despite lessons learned in health workforce development over the last decade, GHWA notes that much remains to be done to attain its vision that “*all people everywhere will have access to a skilled, motivated and supported health worker, within a robust health system.*”

During this session, GHWA called for the health sector to recognize the health workforce (HW) as a productive sector that can create millions of new jobs, and urged for all investment levels to scale-up to meet current and future needs. The WHO’s HRH Global Strategy for UHC provides some governance principles for HW management in the Africa region, which includes a systems linkage across health services and donor alignment with country HRH plans. The draft also outlines six strategic areas for resource-management for the Africa region: strengthening HW leadership and governance capacity; strengthening HW regulatory capacity in the region; scaling-up education and training of HWs; optimizing utilization, retention and performance; improving health workforce information and generation of evidence; and strengthening HW partnerships and dialogue.

Integrating CHWs into health systems is key to achieving SDG 3. This means including CHWs in HRH planning (in the budget/resource allocation); enhancing CHW performance by ensuring supplies/equipment, effective referral systems and regular monitoring and supervision; supporting the efficient deployment and retention of CHWs, including ensuring community preparedness, regular and sustainable remuneration package and opportunities for career and professional development; and supporting education structures for CHWs using scientific evidence. This will ensure that CHW scale-up efforts are conducted in-sync with efforts to strengthen linkages with other health cadres in the health system for better efficiency and sustainability.

### **Harmonization**

CHW harmonization is the idea that CHW programs are coordinated with government health system strengthening efforts and are appropriately linked into the health system at all levels. One of the main challenges to successful and sustainable CHW scale-up is fragmentation. Frequently, CHW programs are implemented and managed at the district level, with little coordination with the national health system. There is often substantial variation in the way CHW programs are delivered at district level, with varying roles and responsibilities across implementing agencies. This has resulted in a wide distribution and differences in quality of CHW programs at the community level, which demonstrates the urgent need to address fragmentation and inefficiencies across the health system<sup>iii</sup>. Collaboration at all levels is critical to a successful and sustainable CHW program.

In an attempt to address the issue of harmonization, Malawi has developed an intra-MOH collaboration strategy, which allows different directorates of the MOH to be involved in reviewing community health guidelines. This ensures inclusion of Health Surveillance Assistance (HSA) activities by various programs within the MOH to enhance integration at the community level, and allows supportive supervision of HSAs by various programs and directorates.

Harmonization among implementing partners and between partners and government is also essential. Currently, there are a wide number of CHW programs in most SSA countries that are funded by different donors and are providing a wide array of vertical health interventions. Some countries, like Mozambique, have had challenges managing multiple funding streams and coordinating different stakeholders for their CHW programs. In Mozambique, the yearly planning cycles of financing partners, which have various financing mechanisms with different planning, budgeting and reporting requirements, are not aligned with the MOH's planning cycle. This example shows that un-harmonized programs can produce inefficiency, even in a large-scale CHW program where resources are sufficient. Some countries, like Rwanda, have made great strides in harmonizing CHW programs by developing policies that strengthen coordination of community health services at all levels across the health system. In Rwanda, where donor funding is contingent upon harmonization, data from an integrated health information system is used to calculate performance-based financing (PBF) premiums that are paid to CHW cooperatives through a pooled fund. Innovative partnership models, such as public private partnerships (PPPs), are key development initiatives that allow multiple stakeholders to bring different assets, expertise, and leadership into the harmonized CHW program and helps stakeholders focus on unified objectives.

A harmonization activity, led by Dan Irvine, *Senior Director of Operations, Health and Nutrition, World Vision International*, helped participating countries and organizations assess how harmonious their CHW programs are. The results showed that only 1 of the 15 countries was well harmonized, while 2 were partially harmonized and 11 were not harmonized. On a scale of 1-3, with 1 being not harmonized to 3 being harmonized, the average country score was 1.32, and the average scores for NGOs and donors were 1.5 and 0.56 respectively. During this activity, donors were urged to consider how to help mediate the burden of fragmentation on governments. There was a call for coordinating groups to be established that MOHs can turn to for assistance with the complexity of managing donors on the ground.

### Growth Modeling to Achieve UHC

*“A pitfall affecting many areas of global health... is the tendency of planners and managers to uncritically assume that because something works well when implemented on a small scale...[undertaken by an NGO, for example], there should be no problem doing more or less the same thing at scale (under MOH).<sup>iv</sup>”*

– Perry H. and Crigler L., 2014, Chapter 14

A common misconception about the scale-up of complex public programs is that there is only one method to expand, often by central government decree and regional or district execution. While this method may be most common in low-resource settings, it is not necessarily the most optimal given varying local conditions. Different operational functions of a program can be expanded in a variety of ways. For example, in the proof of concept model for a government-run CHW pilot program in Ghana's Ashanti region, the GHS realized that training and supervision structures may need to be decentralized, but information systems would need to be managed at central level. Additionally, it is common for the same operational function in a CHW program to transition from one model to another in order to adjust

to changing conditions. For example, while examining the training operational function of its CHW program in its current decentralized structure, Kenya found that it began by scaling up services using a diversification model, where new interventions were added into an existing program by expanding the role of existing staff. However, it soon progressed to a restructuring model where the central government decentralized to local government authorities, enabling them to manage day-to-day operations at a smaller scale. County government authorities have some degree of flexibility over program design but still report some indicators to central government. Scaling up is a political process, so leadership and proper engagement with the political system, national-level stakeholders, and the MOH is essential.

During the session, Anne Liu, Implementation Advisor to the 1mCHW Campaign, led a growth modeling activity to guide countries in conducting growth model assessments that would be used to inform implementation planning for CHW scale-up. The following methods of growth were reviewed: centralized expansion, restructuring, diversification, franchising, outsourcing, partnerships, networks, policy adoption, grafting, and diffusion. Each of these models are dependent on different levels of government control and capacity (see Figure 1).

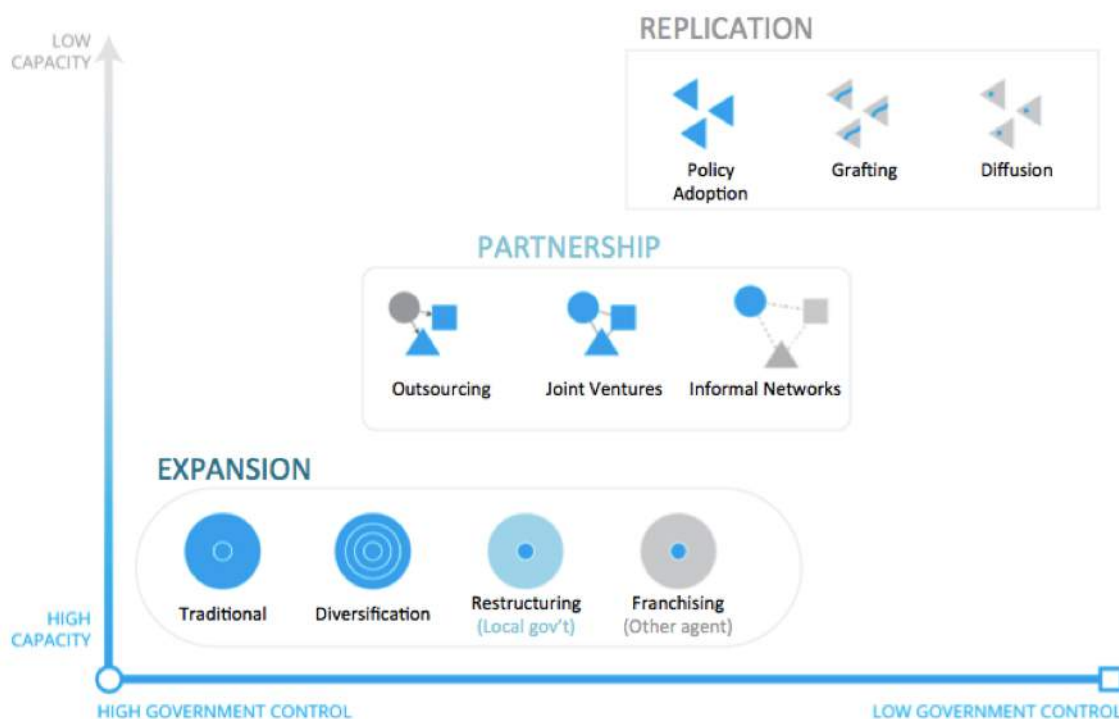


Figure 1. Graphical illustration of growth models, with government control plotted against capacity. The graph shows that models that require high government control also require high capacity.

Participating countries identified optimal models of growth for scaling core operational functions of a CHW program. This exercise was complemented by the completion of a RACI (responsible, assisting, consulted, informed) matrix, which can help CHW program managers identify a clear distribution of roles and responsibilities for implementation. Growth models chosen for each operational function of a CHW program have huge implications when calculating CHW scale-up costs.

## Financing Scale-up of CHW Systems

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### Perspectives of Funding Agencies in Funding Community Health within the SDGs

The Global Financing Facility (GFF) in support of Every Woman Every Child (EWEC) presents a new opportunity for financing large-scale CHW programs. It is a country-driven financing partnership that requires national government leadership and brings together stakeholders in Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH). The goal of this new facility is to provide results-based, sustainable financing to accelerate community health development efforts, which should include CHWs, to end preventable maternal, newborn, child and adolescent deaths by 2030.

According to Jake Robyn, Health Specialist, Africa Health Team, World Bank, *“The Global Financing Facility is a mechanism to orient resources towards smart, scaled and sustainable financing results in health.”* Smart financing requires a focus on evidence-based, high impact interventions, and results. Scaled financing requires significantly increased domestic and international financing. And sustainable financing maintains RMNCAH results through domestic financing. Synergistic approaches are needed to drive this kind of financing, including investment cases for RMNCAH, mobilization of financing for investment cases, health financing strategies, and Global public goods. Rapid increase in financing to support the building of strong CHW platforms is essential to meeting RMNCAH scale-up targets.

Many private sector companies have realized that investing in frontline health workers, including CHWs, is a high impact, cost-effective means of improving access to healthcare. This includes companies such as GSK, who have, since 2009, reinvested 20% of profits generated in developing countries back into strengthening the health systems in those specific countries. GSK has recently committed to invest £5.85 million to support the training of more than 9,000 health workers in Ghana, Kenya, and Nigeria over the next 3 years in collaboration with three NGO partners, including the 1mCHW Campaign.

Achieving UHC requires accelerating efforts to increase availability and quality of services linked to current MDGs, such as HIV, tuberculosis (TB), and Malaria. With a focus on building resilient and sustainable systems for health, the Global Fund (GF) continues to support national strategic plans (NSPs), community engagement for health, and integrated platforms for TB/HIV and RMNCAH under the new funding model (NFM). The Global Fund, UNICEF and other donors and implementing organizations have partnered with countries to support the integration of GF-funded service delivery at the community level with through an integrated approach to treating and caring sick children through integrated community case management (iCCM). A coalition of partners, led by UNICEF, have formed an iCCM Financing Task Team (FTT) and have been assisting 20 countries in securing financing to implement iCCM programs. The iCCM FTT continues to advocate for further amalgamation of disease-specific financing in efforts to support of moving from ‘vertical’ to integrated financing, including increased domestic financing. The FTT also supports country teams to develop strong in-country coordinating mechanisms/teams and focal points. Donor commitment to integrated financing is imperative to achieving UHC as demonstrated by the harmonization activity.

### Costing CHW systems

Recently there has been a shift to results-based financing (RBF), with greater emphasis on evidence-based policy development. In partnership with governments and the private sector, MSH has supported the design and implementation of innovative health financing approaches and programs founded on the following principles: insurance, RBF, costing, cost effectiveness, and effective use of funding to achieve health goals. MSH has developed several financing approaches and tools that are currently used

worldwide, including the Community Health Services Costing Tool. According to David Collins, Senior Principal Technical Advisor of Health Care Financing at MSH,

*“Costing is not something you do after the planning but as part of the planning. Your costing projections should be on the screen in the same room that you are doing the planning because that is part of the planning...If you do good cost-modeling, it helps you to advocate for money and to figure out what are the most cost-effective and efficient strategies, and how to allocate resources equitably...Costing is different from budgeting. When you make budget you have already decided what you are going to do and are deciding how many medicines etc. you want to use, but it’s a dead document.”*

Costing is an integral part of planning and can be used to advocate for funds, determine cost-effective strategies, and allocate resources equitably. There are many vertical costing tools, but MSH identified a need to develop a tool that allowed national programmers to cost large-scale, integrated CHW programs. For more in-depth costing and financing analyses and to determine the base estimated costs for national CHW scale-up, the 1mCHW Campaign has used the Community Health Services Costing Tool - One Million CHWs Campaign Version 1.0 that was developed jointly with MSH.

This tool has helped planners and managers in governments and NGOs to estimate the costs of providing health services at the community level. It can be used for individual community health services, packages of services, or for all community health services. At the workshop, ministerial delegates conducted a costing exercise, using the Community Health Services Costing Tool - One Million CHWs Campaign Version 1.0, to examine and refine their financing analyses. Country participants estimated their CHW scale-up costs and gave feedback on how the 1mCHW Campaign’s version of the costing tool can be made more adaptable to different contexts.

## Funding Mechanisms to Finance CHWs

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### Return on Investment, Financing Mechanisms, and Overall Pathways to Financing

Ebola has been one of the highest costing epidemics, with 4.3 billion USD spent to combat the epidemic so far<sup>v</sup> and 1.6 billion USD forgone in economic growth. Using lessons learned from the Ebola Epidemic and scientific literature, Henry Perry, a senior scientist from Johns Hopkins University, proved the financial benefits of investing in surveillance by CHWs. According to Dr. Perry, the cost of adding surveillance to a CHW’s daily tasks is approximately 8 USD per capita per year<sup>vi</sup>. When compared to general CHW program costs and the additional cost of building a CHW surveillance program (2 USD per capita per year or 44 million USD per year in Ebola affected countries), 8 USD per capita is less than 1% of the cost of the Ebola epidemic. It is clear that building a strong national CHW program with surveillance capabilities is a good investment locally and globally. According to Henry Perry,

*“We think about the control of epidemics like Ebola as requiring the very expensive sorts of interventions that we have seen in the news...but in reality, the most important part of this is attacking the epidemic early on before it gets out of control, and this is where CHWs come in.”*

Governments and stakeholders have explored a variety of mechanisms for financing health systems, particularly CHW services. There are a range of current and emerging funding channels available for financing CHW programs, including domestic, international, and private sector sources.

Traditional sources of capital include multilateral and bilateral disease funders, foundations, and the corporate sector. Some examples of more innovative funding sources include: tax revenues, innovative taxes (e.g., carbon tax), corporate social responsibility, health insurance, budget support from bilateral and international finance institutions (IFIs), private sector trust funds, and income generated from health micro-enterprises. There are also new funding opportunities, such as the GFF, from both governments and external sources that offer a mix of low-cost funding and additional support if key metrics are met and PBF, which encourages improved delivery of services by health providers, linking payments/incentives to performance.

However, CHWs need to be motivated to achieve their full potential and reduce attrition rates. Preliminary results from a study conducted by MSH in Madagascar and Malawi found that CHW motivation is influenced by financial and non-financial incentives. Attrition of CHWs was predominantly due to fewer opportunities to advance in career, lack of transport, housing issues, and pursuit of other more lucrative economic opportunities. Lack of harmonization among projects and donors, such as varying levels of financial remuneration, duplication and inconsistent trainings, and multiple reporting forms were found to contribute to CHW frustration. The study concluded that CHWs play a valuable role in providing affordable access to care and represent an investment even if they are volunteers. There are many incentive styles used to motivate and retain CHWs, and a combination of financial and non-financial compensation may be best.

To foster better financing of CHW systems, health financing experts urged governments to prioritize CHW costs by developing country-specific investment cases and return on investment analyses. They were also encouraged to proactively seek innovative financing arrangements and establish strong cross-sectorial financing teams at the country level to structure and negotiate financing pathways. Conversely, financing organizations were also advised to immediately make available low-cost, performance-based debt financing to countries looking to scale-up CHW programs. Donors to disease programs were encouraged to actively promote the use of disease-specific funding, which has been crucial for CHW scale-up to date in many countries, for integrated CHW plans. Lastly, the broader global health community was urged to establish a mechanism to support countries with accessing available financing to build evidence-based CHW programs.

### **Domestic Sources of Funding**

During this session, governments explored the mobilization of domestic funding to support CHW programs. This includes: engagement with domestic private sector, PPPs, and social enterprise schemes. An example is the model executed by Living Goods, which employed a social enterprise scheme for CHW motivation and UHC attainment using a pay-for-performance model, which drives results and value. Some governments have made strides to finance their CHW programs from domestic sources. A good example is Zambia, which has used domestic tax revenue in a mixed financing model to finance its revamped CHW program, where the government splits the burden of the CHW program with donors and funds specific components like training, salaries, medicines and commodities. This model is gaining interest with other SSA countries.

An innovative financing expert from The World Bank, Drew von Glahn, discussed a case study of social impact bonds (SIBs) in the United States as an example of innovative financing models for governments. SIBs bring together government, service providers, and investors to implement and fund programs designed to accomplish clearly defined outcomes. This is done through combining a pay for success (PFS) approach with a social innovation finance (SIF) model. PFS is a performance-based contracting for social services where contractors are only paid if pre-determined metrics, and the SIF bridges the gap

between payment for services and program operations. PFS and SIBs change the way a government allocates and invests its resources, redirecting focus to outcomes as opposed to outputs. SIBs allow governments to direct private capital into national priorities, which can lead to a stronger local health system and enhance utilization of public sector resources.

## Workshop Outcomes and Conclusion

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Large-scale CHW programs offer one of the most important opportunities for improving the health of people in low-income countries<sup>vii</sup>. CHWs are imperative to UHC attainment, but the scale-up of CHW programs has been hindered by significant financial bottlenecks. The *Financing Community Health Worker Systems at Scale in Sub-Saharan Africa* workshop provided a historic opportunity for governments and partners in SSA to learn from each other, as well as from global health financing experts, on pathways to finance CHW programs. The outcomes included CHW harmonization matrix assessments, CHW growth model assessments, estimate of CHW scale-up costs, discussions of various CHW scale financing mechanisms and “A Call to Scale-Up Community Health Workers”. These discussions drew attention to the need to harmonize financing for scaled CHW programs.

The international community is building momentum for the official adoption of the SDGs through a number of events that will set the trajectory for achieving UHC in the post-2015 era. CHWs will play a key role in reaching UHC goals by increasing access to critical health services in a cost-effective way. Therefore, it is imperative that MOHs and MOFs from African governments take advantage of the common themes emerging from these events and use them to place CHWs at the center of UHC attainment in the SDG era.

The 1mCHW Campaign has provided a venue for countries to begin sharing best practices to improve the performance of CHW programs in SSA. With a technical focus, the workshop highlighted strategies and lessons learned from programs, policies, research, and advocacy for financing CHW programs at scale. Participants of the workshop were encouraged to take lessons learned to upcoming events where health systems strengthening will be discussed, especially the Third International Conference on Financing for Development (FfD), and the upcoming SDG Summit that will be held in September 2015 at the United Nations.

To continue the work from the 2015 workshop, the 1mCHW Campaign is devising a comprehensive post-workshop follow-up plan to continue discussions on CHW system scale-up. This strategy includes planning workshops in various countries as well as a webinar series, *Building CHW Systems at Scale*. The goal of these exercises is to help countries develop or improve CHW program policies and strategies that can be used to develop community health proposals for global donors, including the GFF. The webinar series will bring together program managers, policy makers, funding agencies, NGOs, and community-based organizations from across the world to share information and discuss program design, planning, and resource mobilization to help facilitate scale-up and deployment of CHW programs.

## Appendix: Workshop Agenda

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***Financing Community Health Worker Systems at Scale in Sub-Saharan Africa***  
**Accra, Ghana**  
**9-11 June 2015**

**Objective:** Support collaboration among African governments for Ministry of Health (MOH) led financing and resource mobilization for the deployment and scale-up of CHW systems in the context of the Sustainable Development Goals (SDGs).

**Day 1:** Modeling CHW programs at scale for Universal Health Coverage (UHC) attainment

**Day 2:** Financing scale-up of CHW systems

**Day 3:** Funding mechanisms

**Deliverables:**

- I. Harmonization assessment
- II. Draft country-specific growth models
- III. Draft country-specific CHW systems costs

### Day 1 (Tuesday, 9 June)

**07:00-08:00** Late Registration

**08:00-10:00** Welcome Breakfast

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**9:00am: Opening Remarks**

- Introduction of Chairman by MC
- Chairman's response by Professor John J.S. Nabila, Council of State Member
- Welcome address by Victor Bampoe, Ghana's Deputy Honourable Minister of Health
- Remarks by Sonia Sachs, Director of 1mCHW Campaign, on CHWs in the context of Universal Health Coverage and introduction of workshop sponsor
- Remarks by Ann Aerts, Head of Novartis Foundation and workshop sponsor
- Remarks by Mona Quartey, Ghana's Deputy Honourable Minister of Finance
- Remarks by Collins Dauda, Ghana's Honourable Minister of Local Government and Rural Development
- Guest of Honour's Speech by Professor Kwesi Botchwey, Professor of Practice in Development Economics, Tufts University, Chairman of National Development Planning Commission and Former Minister of Finance of the Republic of Ghana
- Appreciation by Gloria Quansah, Deputy Director General, Ghana Health Service (GHS)

**10:00-10:15** Break

**10:15-10:40** Workshop Objectives

*Presentation*

- Novartis Telemedicine Project & SDGs by Ann Aerts, Head of Novartis Foundation (15 min)

*Presentation*

- 1mCHW Campaign's mission and objectives by Sharon Kim, Deputy Director of 1mCHW Campaign (10 min)

**10:40-11:30 CHWs in a Changing Global Agenda**

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This session will frame the workshop and provide participants with an opportunity to examine how to ensure CHWs stay relevant and center in the context of the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC). The moderator and plenary discussants will help set the stage for CHW program financing discussions in this new context.

*Moderator: Delanyo Dovlo, Director, Health Systems Cluster, WHO Afro Region*

*Plenary Topics (30 min):*

- Planning to Achieve UHC Through CHPS Scale-Up: Financial Planning & Resource Mobilization Options (Afissah Zakariah, Director of Policy, Planning, Monitoring and Evaluation [PPME], Ghana MOH)
- Liberia's experience with Ebola and applying lessons learned from the Ebola epidemic to achieve UHC (Tamba Boima, Director of Community Health Services Division, Liberia MOHSW)
- Kenya's experience in scaling up Community Health Services using a multi-cadre CHW system in a decentralized health system (Salim Ali Hussein, Head of Community Health Services, Kenya MOH)
- Sierra Leone's experience in scaling-up CHWs in urban areas to achieve UHC (Sierra Leone MOH Representative)

*Q & A (20 min)***11:30-11:45 Break****11:45-12:00 Presentation on the Political Economy of UHC (Robert Yates, Sustainable Development Solutions Network [SDSN] UHC and Health Financing Expert)***Q & A (5 min)***12:00-13:20 Harmonization**

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In this session, World Vision will facilitate a discussion on the importance of program harmonization among various government stakeholders and key health partners. Plenary discussants will explore case studies from Malawi, Tanzania, Rwanda and Mozambique.

*Moderator: Dan Irvine, Senior Director of Operations, Health and Nutrition, World Vision International*

*Plenary Topics (35 min):*

- Malawi's experience in deploying its Health Surveillance Assistant (HSA) Program at scale and its Intra-MOH collaboration strategy (William Precious Phiri, National Acting Primary Health Officer, Preventative Health Services Department, Malawi MOH)
- Tanzania's experience with the challenges of managing competing partner interests and harmonization with the Ministry of Health and Social Welfare (MOHSW) as it develops its new CHW cadre (Helen Semu, Acting Assistant Director of Health Promotion and Education [HPE], Tanzania MOHSW)
- Mozambique's experience with the challenges of managing multiple funding streams and coordinating different stakeholders for its Agentes Polivalentes Elementares (APE) Program (Stelio Dimande, Director of National APE Program, Mozambique MOH and Sandra McGunegill, National CHW Adviser-DFID Mozambique)

*Q & A (10 min)**Presentation (5 min)*

- Harmonization matrix (Dan Irvine, Senior Director of Operations, Health and Nutrition, World Vision International)

This session will facilitate experiential learning and will promote problem solving through the population and examination of the harmonization matrix. By the end of the session, participants should be able to assess how harmonious the government's strategy is and how financing mechanisms for CHW program can be coordinated within the country. The Ugandan Ministry of Health will share their experience in using the harmonization matrix and Dan Irvine will guide the harmonization assessment based on the country-specific results on the harmonization matrix.

*Breakout Session (10 min)*

- Completion of harmonization checklist

*Small group discussion between Ministerial delegates and their partners on harmonization activity (10 min)**Interactive Presentation (10 min)*

- Harmonization activity (Christopher Oleke, Village Health Team (VHT) National Coordinator, Uganda MOH and Dan Irvine, World Vision International)

**Deliverable I: Harmonization Assessment****13:20-14:30 Lunch Break****14:30-17:30: Growth Modeling to Achieve UHC**

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A common misconception of scale-up of complex public programs is that there is only one method to expand – often by central government decree and regional or district execution. While this method may be common in low-resource settings, it is not necessarily the most optimal given varying local conditions. Furthermore, different core operational functions of a complex program can be expanded in different ways. This session explores 9 common methods of growth based on public health examples

and asks participants to identify the optimal method of growth for their CHW program's core operational functions. The methods of growth that are reviewed in this exercise include: Centralized Expansion, Restructuring, Diversification, Franchising, Outsourcing, Partnerships, Networks, Policy Adoption, Grafting, and Diffusion.

*Moderator: Anthony Seddoh, Technical Consultant, International Finance Cooperation, Ghana*

*Plenary Topics (25 min):*

- Ghana's CHPS strategy: the governance structure and challenges (Erasmus Agongo, Director, PPME, Ghana Health Service [GHS])
- The proof of CHW concept: Ghana's growth model for Ashanti Pilot (Alexis Nang-Beifubah, Ashanti Regional Health Director, GHS)
- BRAC's growth model and experience with managing the largest number of CHWs in the world (Sharmin Akhter Zahan, Senior Program Manager, Health, BRAC International)

*Q & A (15 min)*

*Presentation (20 min)*

- 1mCHW Campaign presentation on growth modelling (Anne Liu, 1mCHW Campaign Implementation Advisor)

**15:30-15:45 Tea Break**

*Breakout Session Part 1 (30 min)*

- Growth modelling exercise

*Interactive Presentation (30 min)*

- Country growth model exercise: Burkina Faso MOH Representative and Yombo Tankoano, 1mCHW Campaign Technical Advisor

*Breakout Session Part 2 (30 min)*

- RACI Matrix exercise

**17:15-17:30 Day 1 Wrap-Up** (Anne Liu, 1mCHW Campaign Implementation Advisor)

***Deliverable II: Draft Country-specific Growth Models***

**Day 2 (Wednesday, 10 June)**

**08:45-09:20 Opening Remarks**

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*Recapture previous day and presentation (10 min)*

- GHWA Synthesis Paper and Recommendations for Future Workforce (Nzomo Mwita, Board representative, Global Health Workforce Alliance [GHWA])

*Presentation (10 min)*

- Outline of WHO Human Resources for Health (HRH) Global Strategy Draft Zero (Delanyo Dovlo, Director, Health Systems Cluster, WHO Afro Region)

*Q & A (10 min)*

### **9:20-10:05 Perspectives of Funding Agencies in Funding Community Health Within the SDGs**

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*Moderator: Jerome Pfaffman (Health Specialist, UNICEF HQ)*

*Plenary Topics (30 min):*

- Global Financing Facility for RMNCAH and its role in financing CHW Platforms (Jake Robyn, Health Specialist, Africa Health Team, World Bank)
- Training 10,000 health workers to help achieve UHC and SDGs (Daryl Burnaby, Global Community Partnerships Manager, GSK)
- Importance of donor coordination in mixed health financing in the SDG era (Alexandre Boon, UNICEF Mozambique)
- Financing community health in the SDG era (Rene Kiamba, Johnson & Johnson Kenya)

*Q & A (15 min)*

### **10:05-10:30 Tea Break**

### **10:30-11:45 Costing CHW Systems**

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To accurately develop effective financing strategies, it is important to understand national CHW program scale-up targets and resource needs. Prior to this workshop, countries will prepare draft national CHW program financing costs and financing analyses, covering all scale-up operational and delivery costs, including CHW incentive packages, equipment, medicines and commodities, training, management, and supervision costs. Country teams will be paired to examine and fine-tune their costs and financing analyses.

*Moderator: David Collins, Senior Principal Technical Advisor - Health Care Financing, MSH*

*Presentation (10 min)*

Introduction to C3PO (CHW Capacity and Coverage Planning for Outcomes) Tool (Serge Raharison, Senior Child Health Technical Officer, MCSP/CORE Group)

*Q & A (5 min)*

*Presentation (10 min)*

- Overview of Management Sciences for Health (MSH) health financing strategy and Rwanda's Performance-Based Financing (PBF) Model and Health Insurance Schemes (Jean Kagubare, Global Technical Lead for Health Financing, MSH and Jean-de-Dieu Ngirabega, Director General of programs in Rwanda Biomedical Center [RBC], Rwanda MOH Representative)

*Q & A (5 min)*

*Presentation (35 min)*

- Introduction to Community Health Services Costing Tool - One Million CHWs Campaign Version 1.0 (David Collins, Senior Principal Technical Advisor - Health Care Financing, MSH)

*Q & A (10 min)***11:45-13:00 Lunch Break****13:00-15:15 Costing CHW Systems (continued)**

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*Breakout Session (for Ministerial delegates): Costing Exercise (1.5 hour)*

*\*Concurrent Session 1 (for non-ministerial delegates) [45 min]:* Using Results Based Financing and Health Insurance Schemes to Finance CHW Systems (Jean Kagubare, Global Technical Lead for Health Financing, MSH)

*\*Concurrent Session 2 (following concurrent session 1) [45 min]:* Introducing Information Technology as a tool for rolling out an integrated healthcare management system across multiple sites in Sub-Saharan Africa (Edem Seglah, Senior Consultant, Major Health & ITMS Delivery, British Telecom Global Services)

**Deliverable III: Draft Country-specific CHW Systems Costs****14:30-14:45 Tea Break***Interactive Presentation (45 min)*

- Presentation on CHW systems costing experience, feedback on costing tool, introduction to additional tools and drafting of financing gap analyses (David Collins, Senior Principal Technical Advisor - Health Care Financing, MSH and Senegal Ministry of Health and Social Action Representative)

**15:15-17:00 Financing of CHWs – Return on Investment, Financing Mechanisms, and Overall Pathways**

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Governments and stakeholders have explored a broad mixture of mechanisms for financing health systems, particularly CHW services. These stakeholders also require more evidence on the return on investment on CHW programs. Panelists will give insight on the successes and challenges they have faced with each approach and make an investment case for CHWs.

*Moderator: Jeffrey Sachs (Director, The Earth Institute)*

*Plenary Topics (50 min):*

- Financial benefits of investing in surveillance via CHWs: lessons from the Ebola epidemic (Henry Perry, Senior Scientist, International Health, Johns Hopkins University)
- Cost-effectiveness of CHWs: examples from maternal health and environmental control (Professor Don Shepard, Health Economist, Brandeis University)
- Pathways to Financing CHW Systems (Phyllis Heydt, Vice President of Frontline Delivery, Millennium Development Goals Health Alliance [MDGHA]-UNSEO)

- Performance Based Financing (James Long, Principal Investigator for the Community RBF, World Bank)
- CHW Incentives, A study of ASH projects in Madagascar and Malawi (David Collins, Senior Principal Technical Advisor - Health Care Financing, MSH)

*Q & A (25 min)*

*Interactive Presentation (30 min)*

- Global Fund New Funding Mechanism and approach to health financing and health systems strengthening (Viviana Mangiaterra, Senior Technical Coordinator for MNCH and HSS, Global Fund HQ and UNICEF/UNSEO-MDGHA Representative)

### **Day 3 (Thursday, 11 June)**

**09:00-09:15 Opening Remarks by Dr. Marie-Reine Jibidar, Focal Point for Community Health Programmes, UNICEF West and Central Africa Region**

**09:15-10:10 Domestic Sources of Funding**

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Governments have also explored the role of efficient mobilization of domestic sources of funding to support CHW systems. This includes engagement with domestic private sector, Public Private Partnerships (PPPs) and social enterprise schemes. Panelists will give insight on the successes and challenges they have faced with each approach.

*Moderator: Henry Perry (Senior Scientist, International Health, Johns Hopkins University)*

*Plenary Topics (40 minutes):*

- Innovative financing models for governments: A case study of social impact bonds in the United States (Drew von Glahn, World Bank)
- Optimizing domestic sources of funding for sustainability and UHC attainment (Elias Hakoma Siamatanga, National CHW Coordinator, Zambia MOH)
- Optimizing domestic sources of funding for sustainability and UHC attainment (Nnenna Ihebuzor, Nigeria MOH)
- Social enterprise schemes for CHW motivation and UHC attainment (Jack Castle, Acting Partnerships Director, Living Goods)

*Q & A (15 min)*

**10:10-10:30 Tea Break**

**10:30-11:15 Remarks on New Partnerships to Achieve Universal Health Coverage by Jeffrey Sachs, Director, Earth Institute,**

*Q & A (15 min)*

**11:15-12:45 Roundtable Lunch Discussions**

- *Roundtable lunch discussion with Jeffrey Sachs, Director, Earth Institute on SDGs and Health Financing*
- *Roundtable lunch discussion with Mark Saalfeld, Fund Portfolio Manager for Ghana, on taking advantage of Global Fund allocations for health systems strengthening*

**12:45-13:00 Briefing on The Third International Conference on Financing for Development (Jeffrey Sachs, Director, Earth Institute)**

**13:00-13:30 Interactive Presentations For Countries to Synthesize Workshop Content and Next Steps**

- *Led by Guinea MOH and Congo-Brazzaville MOH Representatives*

**13:30-13:45 Closing Remarks (TBA)**

**13:45-14:00 Post-Workshop Survey Completion**

## References

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- <sup>i</sup> Walker, P; Downey, S; Crigler, L; and Karen LeBan: CHW Principles of Practice: Page 3
- <sup>ii</sup> Perry, H; Crigler, L: Developing and Strengthening Community Health Worker Programs at Scale: page 2-1.
- <sup>iii</sup> Møgedal, S; Wynd, S; Afzal, MM: A framework for partners' harmonized support: page 3; October 2013.
- <sup>iv</sup> Perry H; Crigler, L: Developing and Strengthening Community Health Worker Programs at Scale: page 14-2.
- <sup>v</sup> Wright S, Hanna L. A Wake-up Call: Lessons from Ebola for the World's Health Systems 2015.  
<http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/WAKE%20UP%20CALL%20REPORT%20PDF.PDF> (accessed 17 March 2015)
- <sup>vi</sup> McCord GC, Liu A, Singh P. Deployment of community health workers across rural sub-Saharan Africa: financial considerations and operational assumptions. *Bull World Health Organ* 2013; **91**(4): 244-53B.
- <sup>vii</sup> Perry H; Crigler, L: Developing and Strengthening Community Health Worker Programs at Scale: page 1-9.